

<b>Case Number:</b>	CM15-0094695		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old female, who sustained an industrial injury on 02/27/2014. On provider visit dated 04/22/2015 the injured worker has reported low back and bilateral lower extremities pain. On examination of the lumbar spine revealed spasm in the lower region. Paraspinal tenderness was present and pain with motion was noted. Lasegue's test was positive on the right. Range of motion was decreased. Right lower leg revealed tenderness and swelling was noted as well. The diagnoses have included lumbar spine radiculopathy and herniated disc lumbar spine. Treatment to date has included lumbar facet arthrogram and lumbar facet block under fluoroscopic guidance on 05/04/2015, physical therapy, acupuncture, pain management, home exercise program and medication. The provider requested Retrospective request for usage of Transdermal - Scop (scopolamine) (DOS 11/24/14).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for usage of Transderm - Scop (DOS 11/24/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.emedicinehealth.com](http://www.emedicinehealth.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine website <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682509.html>, Daily Med website <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=4d705c57-fa98-46e0-97f3-38e1b0ada76b>.

**Decision rationale:** The 45-year-old patient complains of lower back pain and spasms, bilateral lower extremity pain and numbness, neck pain and spasms, and bilateral upper extremity tingling, as per progress report dated 04/22/15. The request is for RETROSPECTIVE USE OF TRANSDERM-SCOP. There is no RFA for this case, and the patient's date of injury is 02/27/14. Diagnoses, as per progress report dated 04/22/15, included lumbar spine herniated disc at L5-S1, bilateral L5-S1 radiculopathy, bilateral calf tendinitis with sprain/strain, and right ankle sprain/strain. The patient is off work, as per the same progress report. MedlinePlus, a service of the U.S. National Library of Medicine at <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682509.html>, states, "Scopolamine is used to prevent nausea and vomiting caused by motion sickness." As per DailyMed, at <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=4d705c57-fa98-46e0-97f3-38e1b0ada76b>, "Transderm Scp is indicated in adults for prevention of nausea and vomiting associated with recovery from anesthesia and/or opiate analgesia and surgery." In this case, none of the progress reports documents the use or the purpose of Transderm-Scop. This is a retrospective request, and as per UR denial letter, the date of service for this request was 11/24/14. No progress reports from that period are available for review. Based on the available reports, there is no indication of nausea due to motions-sickness or post-operative recovery. Given the lack of documentation, the request IS NOT medically necessary.